

## Appendix H: Quality Improvement Strategy – CDD WAIVER

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

### Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously assess *the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

**a. System Improvements**

- a. Describe the processes for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Nebraska Department of Health and Human Services (DHHS) is the Single State Medicaid Agency. The State Medicaid Director is in the Division of Medicaid and Long Term Care Services. The State Medicaid Director has the ultimate authority for all of Nebraska's Medicaid services.

The quality improvement strategy for Nebraska covers all services funded by the DHHS-DDD, including the services offered under the HCBS waivers for adults (0394, 0396) and children (4154) with developmental disabilities as well as services funded by state general funds only. Nebraska's QI strategies include stratifying information for each respective waiver.

The Nebraska DDD QI system initiates self-auditing and self-correcting processes to assure the sustainability of regulatory compliance, and the flexibility to pursue excellence in service to people with developmental disabilities. The performance measures of the Home and Community-Based Services (HCBS) waivers provide a quality framework that focuses on participant-centered desired outcomes addressed through discovery, remediation, and continuous improvement. In addition, requirements and recommendations associated with the DOJ Agreement with Nebraska contribute to this plan.

DHHS DDD, within the single State Medicaid agency, operates the Home and Community Based Services (HCBS) waivers for adults and children with developmental disabilities. DHHS staff enroll independent providers to deliver participant-directed, non-specialized services to eligible individuals. DHHS DDD formally certifies DD community based provider agencies and DDD contracts with certified DD provider agencies, to deliver specialized habilitation services. The Division has a formalized review process conducted by designated DDD staff to determine eligibility of individuals for the waivers. An individual's eligibility for waiver services is established on an initial and annual basis.

The Division's quality assurance efforts include a Continual Quality Improvement (CQI) system to effectively monitor community-based placements and programs with appropriate protections, services, and supports. This is partially accomplished through active monitoring for *individuals* in services through local Service Coordination offices.

In order to assure protections, services, and supports on a *systems* level, the Division has established a formal certification and review process in accordance with state regulations, contract specifications, and state waiver requirements for provider agencies providing specialized services. This certification process includes certification and service reviews of community-based providers and programs by DDD Surveyor/Consultants, who are scheduled to visit providers in accordance with the initial provisional, 1-year, or 2-year certifications issued by the Division. The purpose of the reviews is to identify gaps and weaknesses, as well as strengths, in specialized services provided on a statewide level. In order to ensure continued certification as a provider of DD specialized services, a formal plan of improvement is required to ensure remediation of review findings that need to be addressed. On an ongoing basis, incidents and complaints associated with certified providers which have been reported to the Division are reviewed and appropriate levels of follow-up are conducted.

DDD offers a variety of services and supports intended to allow individuals with DD to maximize their independence as they live, work, socialize, and participate to the fullest extent possible in their communities. A combination of non-specialized and specialized services are offered under the waivers for adults, and children and their families as appropriate, to allow choice and flexibility for individuals to purchase the services and supports that only that person may need or prefer. Non-specialized services to provide support in community living are services directed by the individual or family/advocate and delivered primarily by independent providers. These self-directed, or participant-directed, services are intended to give the individual more control over the type of services received as well as control of the providers of those services. Specialized services are habilitation services that provide residential and day habilitative training and are delivered by contracted certified DD community-based agency providers.

The DHHS DDD Quality Improvement efforts for Community Based Services are coordinated through the DDD QI Committee (QIC) comprised of representatives from DDD Central Office, DHHS Medicaid, and DDD Service Coordination. The DHHS Licensure Unit provides aggregate data as requested. The QIC meets quarterly and reviews aggregate data for statewide monitoring, incidents, complaints, investigations, and certification and review surveys, to identify trends and

consider statewide changes that will support service improvement. The Committee also reviews data and reports on subjects, including, but not limited to:

- HCBS waiver service requirements
- Licensure Unit investigations, and
- Service utilization information.

The continuing efforts are to oversee and refine the formal design and implementation of QI systems that allow for systematic oversight of services across the state by the QIC, while ensuring utility of the information at the local level. A regular reporting schedule has been developed to ensure regular review of the results of the various QI functions. The minutes show review of results and recommendations for remediation, both to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future.

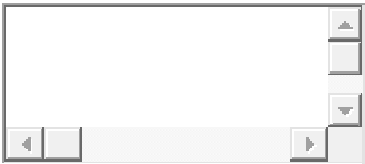
The QIC receives reports and information and provides/shares feedback and support to the service districts. The MLTC representative verbally reports activities of the QIC to his/her administrator and/or the Medicaid Director and makes all meeting minutes and reports available for his review.

The QIC minutes show review of results, recommendations for remediation, and follow-up of recommendations or assigned tasks to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future.

A continuous evaluation component is built into the system for evaluation of utility, information received, and effectiveness of strategies.

## ii. System Improvement Activities

Responsible Party(check each that applies):	Frequency of Monitoring and Analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Other Specify: semi-annually or as determined by the state DDD QI committee

Responsible Party(check each that applies):	Frequency of Monitoring and Analysis(check each that applies):
	

## b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

Program/Service Delivery Effectiveness:

Effectiveness is measured through dimensions of service quality including accessibility, availability, efficiency, accuracy, continuity, safety, timeliness, respectfulness, and other dimensions as appropriate.

**DD Division QI operational framework and procedures are as follows:**

A. PDSA for testing changes to the QI Data Collection Process:

### 1. Plan

What is Being Measured?

Why is it Being Measured?

What is the Data Source?

Who is Responsible?

### 2. Do

What Will Be Done and

How Frequently Will It Be Done?

How Will Data Be Collected

Who Will Collect the Data?

How/Who Will Aggregate the Data and Generate Reports?

In What Format Will Data Be Reported?

3. Study

Who/When Will Results be Reviewed and Interpreted?

To Whom Will Recommendations be Made/Timeframes?

4. Act

Who Will Implement/Over-See Recommended Changes?

B. Reporting Data

1. Process of Aggregating Data and Monitoring Data Trends

Data are aggregated through queries from systems where data are entered directly by the worker or reporter. These systems include

- InfoPath,
- SAS,
- N-FOCUS,
- Web-based service system used for budgeting and case management,
- SharePoint, and
- OnBase.

For data that are not entered directly into a system, data are derived from individual source documents such as audits of files or certification reports and manually tabulated as necessary.

2. Report Formats

Reports reflect information via graphs, tables, and narratives. QIC minutes display meeting topics and discussion, as well as action plans or follow-up categorized by performance measures.

C. Communicating Results

Aggregate data are shared through the QIC with DD Administrative staff, Service Coordination, and other stakeholders. Data reports are submitted as requested to CMS representatives and the Department of Justice Independent Expert.

D. Using Data for Implementing Improvement

Data are reviewed on at least a quarterly basis through the QIC and DD Administration. Appropriate recommendations, action plans, and follow-up are included within the QIC minutes.

E. Assessment of the Effectiveness of the QI Process

Contributors to the assessment of the QI process can be determined through CMS audit and onsite visit reports and findings. In addition, effectiveness is also measured through the relevancy that collected data have in providing useful information on the timeliness and quality of services provided through Community Based services.

The DDD central office management team is responsible for coordinating the monitoring and analysis of system design changes. The management team works in conjunction with the QIC and the program staff to develop methods of evaluation when implementing system design changes. The goal is to clearly define the outcome desired as a function of the system change and to allow the gathering of data and other information related to the state of affairs prior to the system change.

In cases where this is not practicable, efforts are made to develop alternate strategies to capture information post hoc that will allow a determination of whether the outcome was met. In those cases, it is more difficult to attribute the outcome measurement directly to the systems changes than when adequate baseline measures can be compared to measures taken following the system change.

An example of the development and monitoring of systems changes strategies can be provided. An example of a system change was the decision to utilize a contracted vendor web-based service system used for budgeting, case management, and reporting incidents. Prior to the implementation of the web-based reporting, incident reporting and follow-up was manually logged in by DDD staff. Incidents are verbally reported to DDD staff immediately upon the provider becoming aware and reported in writing using the web-based service system within 24 hours of the verbal report. A written summary must be submitted electronically to the Department of the provider's investigation and action taken within 14 days. DDD staff triage the written reports daily and determine the appropriate response which depends upon the type and frequency of the incident. When an incident needs investigating, the incident is entered into SharePoint, a Microsoft product, and another example of system change. Sharepoint allows DDD staff to document the investigation and disposition of each complaint. The use of the web-based application and SharePoint has improved the methods of data collection and aggregation. The QIC reviews statewide quarterly reports compiled from the databases,

which identify the types and numbers of incidents by provider within a geographical area, and identify areas of concern and improvement, and make recommendations for follow-up. A summary of each provider's quarterly report is also included in the statewide report.

## **b. System Design Changes**

### **ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.**

The quality improvement strategy for Nebraska covers all services funded by the DHHS-DDD, including the services offered under the HCBS waivers for adults (0394, 0396) and children (4154) with developmental disabilities as well as services funded by state general funds only. Nebraska's QI strategies include stratifying information for each respective waiver.

Contributors to the assessment of the QI process can be determined through CMS audit and onsite visit reports and findings. In addition, effectiveness is also measured through the relevancy that collected data has in providing useful information on the timeliness and quality of services provided through Community Based Services.

The Quality Improvement Strategy is evaluated on various levels in a relatively systematic basis. Information reviewed by the QI committee is scrutinized to assess the reliability and thus, validity of the information being presented each time a committee meeting is held.

A web-based service system for reporting critical events or incidents was implemented in April 2011 to allow for coordinated responses, more frequent analysis of the data, and coordinated efforts for remediation activities and follow-up. DDD also utilizes the Document Library in SharePoint, an intranet application of the Microsoft Outlook software, to store current forms, policies, and procedures. InfoPath forms, another Microsoft Outlook product, are utilized for complaint investigations as well as HCBS waiver LOC determinations. The Document Libraries allow access and utilization by all DDD staff - disability services specialists, service coordination, surveyor/consultants, administrators, and QI staff.

All metadata are organized to allow for stratification by each perspective waiver. This will allow the DDD administration to access the information as needed in a more efficacious manner.

There is also a self-correcting nature based on strategies used to affect systems change. As the QIS becomes more mature, the development of remediation strategies becomes influenced by the history of prior efforts. The historical access to and cooperation with various levels of personnel and resources as well as the efficacy of historical strategies all influence the development of new remediation strategies. The QI strategies are evaluated at a minimum once during the waiver period and prior to renewal.



New technology may also lead to system changes and improvements in quality improvement strategies. As new and updated web applications become available, data and processes for gathering and analyzing data are reviewed and may lead to new strategies.